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NOTICE OF ALLOWANCE AND FEE(S) DUE

50855 7590 09/03/2009 Tyco Healthcare Group LP 60 MIDDLETOWN AVENUE NORTH HAVEN, CT 06473

10/774.828

EXAMINER SWIGED III TAMES I PAPER NUMBER ARTHNIT 3775

9771

DATE MAILED: 09/03/2009

2821

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO

Jonathan Martinek TITLE OF INVENTION: INSTRUMENT KIT AND METHOD FOR PERFORMING MENISCAL REPAIR

07/06/2004

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	12/03/2009

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. <u>PROSECUTION ON THE MERITS IS CLOSED.</u> THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown

B. If the status above is to be removed, check box 5b on Part B -Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE DEE and DURI ICATION DEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless corrects maintenance fee notifica	correspondence including ed below or directed out tions.	ng the Patent, advance of nerwise in Block 1, by (rders and notification of a a) specifying a new corre	maintenance fees s spondence address	will be ; and/o	mailed to the current r (b) indicating a sepa	correspondence address as trate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)			Fee	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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Tyco Healthca 60 MIDDLETO NORTH HAVE	WN AVÊNUE		I he Stat add tran	reby certify that these Postal Service values of the Mai ismitted to the USF	nis Fee(with su I Stop TO (57	(s) Transmittal is being fficient postage for first ISSUE FEE address 71) 273-2885, on the d	deposited with the United it class mail in an envelope above, or being facsimile ate indicated below.
							(Depositor's name)
							(Signature)
							(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTC	ORNEY DOCKET NO.	CONFIRMATION NO.
10/774,828	07/06/2004	•	Jonathan Martinek		2821		9771
TITLE OF INVENTION	: INSTRUMENT KIT A	ND METHOD FOR PEI	RFORMING MENISCAL	REPAIR			
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nonprovisional	NO	\$1510	\$300	\$0		\$1810	12/03/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
SWIGER II		3775	606-061000				
1. Change of corresponde CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the p				
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Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered autorney or agent) and the names of up to 2 registered patent autorneys or agents. If no name is				
Number is required.			listed, no name will be	•			
			THE PATENT (print or ty		aa ie i	dentified below the d	coment has been filed for
		pletion of this form is NC					ocument has been filed for
(A) NAME OF ASSI	GNEE		(B) RESIDENCE: (CITY	r and STATE OR	COUN	TRY)	
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual C	orporat	ion or other private gro	oup entity Government
4a. The following fee(s)	are submitted:	4	b. Payment of Fee(s): (Ple:	ase first reapply a	ny pre	viously paid issue fee	shown above)
Issue Fee	vo small entity discount	itt-#	A check is enclosed. Payment by credit car	-d E PEO 202		and a d	
Advance Order		permitted)	The Director is hereby	v authorized to cha	rge the	required fee(s), any de	ficiency, or credit any
5 Cl . 1 T di Ci			overpayment, to Depo	osit Account Numb	er	(enclose a	n extra copy of this form).
 Change in Entity Sta a. Applicant claim 	tus (from status indicate is SMALL ENTITY stati		☐ b. Applicant is no lon	ger claiming SMA	LLEN	TITY status. Sec 37 Cl	R 1.27(g)(2).
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte					e assignee or other party in
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Authorized Signature				Date			
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DATE MAILED: 09/03/2009

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Γ	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/774,828 07/06/2004		Jonathan Martinek	2821 9771		
	50855	7590 09/03/2009	EXAMINER			
	Tyco Healthcare	Group LP	SWIGER III, JAMES L			
60 MIDDLETOWN A VENUE NORTH HAVEN, CT 06473			ART UNIT	PAPER NUMBER		
				3775		

Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 193 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 193 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

Application No. Applicant(s) 10/774 828 MARTINEK ET AL Notice of Allowability Examiner Art Unit JAMES L SWIGER 3775 -- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308. This communication is responsive to amendment filed 6/23/2009. The allowed claim(s) is/are 1, 4-6, 10-11, 21-29. 3. Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f). a) \square All b) ☐ Some* c) ☐ None of the: 1. T Certified copies of the priority documents have been received. 2. Certified copies of the priority documents have been received in Application No. 3. Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)). * Certified copies not received: _____. Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application. THIS THREE-MONTH PERIOD IS NOT EXTENDABLE. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient. CORRECTED DRAWINGS (as "replacement sheets") must be submitted. (a) Including changes required by the Notice of Draftsperson's Patent Drawing Review (PTO-948) attached 1) hereto or 2) to Paper No./Mail Date (b) including changes required by the attached Examiner's Amendment / Comment or in the Office action of Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d). 6. DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL. Attachment(s) 1. | Notice of References Cited (PTO-892) 5. Notice of Informal Patent Application 2. Notice of Draftperson's Patent Drawing Review (PTO-948) Interview Summary (PTO-413), Paper No./Mail Date Information Disclosure Statements (PTO/SB/08). 7. Examiner's Amendment/Comment Paper No./Mail Date 4. T Examiner's Comment Regarding Requirement for Deposit 8. T Examiner's Statement of Reasons for Allowance

Other .

/Thomas C. Barrett/

Supervisory Patent Examiner, Art Unit 3775

/JAMES L. SWIGER/

Examiner, Art Unit 3775

of Biological Material